

# APPLICATION



## HEARTS TO ART

**Applying for:**

Session One | Ages 7-10 | July 8-19       Session Two | Ages 11-14 | July 22-August 2

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CAMPER NAME (FIRST/LAST)

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CAMPER BIRTHDAY      CAMPER AGE AS OF START OF CAMP

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CAREGIVER NAME (FIRST/LAST)      RELATIONSHIP TO CAMPER

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ADDRESS

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CITY      STATE      ZIP

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HOME PHONE      CELL PHONE

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WORK PHONE      EMAIL

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PREFERRED CONTACT METHOD      BEST TIME TO REACH



**Payment Method:**  Credit     Debit     Cash     Check     Scholarship

Scholarship information will be emailed upon completion of this application.

**Will you need extended care for your camper?**

Pre-Care (8-9AM)       Post-Care (4-5:30PM)       Both

**Is the applicant a new or returning camper?**     New       Returning

**If you're new to camp, how did you hear about Hearts to Art?**

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